

FILED MAY 24 1944

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 301A

1. PLACE OF DEATH:

(a) County Greene
 (b) City or town Springfield
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
11 Springfield Baptist Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 weeks
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Eva Lucille McCullough

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Arthur T. McCullough
 6. (c) Age of husband or wife if alive Unknown years
 7. Birth date of deceased July 14 1901
 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-------|--------|------|----------------------|
| <input checked="" type="checkbox"/> | 42 | 8 | 19 | hr. min. |

9. Birthplace Ava, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Ed Haynes

13. Birthplace Seymour, Missouri
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Robberson

15. Birthplace Ava, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur T. McCullough

(b) Address Springfield, Missouri

17. (a) BURIAL (b) Date thereof APRIL 6, 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EAST LAWN CEMETERY

(d) Alma Lohmeyer Funeral Home

18. (a) Signature of funeral director Springfield, Missouri

(b) Address Springfield, Missouri

19. (a) 5-9-44 (b) S. W. Handley
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
 (c) City or town Springfield
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1133 E. Chestnut
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3rd
 year 1944 hour 1:00 minute A. M.

21. I hereby certify that I attended the deceased from Mar 4 1944 to Apr 3 1944
 that I last saw her alive on Apr 3 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Thrombocytopenia
uterine hemorrhage

Duration years

Due to uterine hemorrhage

Due to uterine hemorrhage

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Myomatomas uterus

Of autopsy H&F

PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work (e) Means of injury

23. Signature Robert E. Hym (M. D. or other)

Address Springfield, Mo. Date signed 4/8/44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Lewis G. Scharpf

Licensed Embalmer No.....

3807

P. O. Address.....

Springfield, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.